



Calendar No. 142.

66TH CONGRESS, } HOUSE OF REPRESENTATIVES. { REPORT
2d Session. } No. 616.

WAR EXPENDITURES—GENERAL HOSPITAL NO. 21, AT AURORA, COLO.

FEBRUARY 9, 1920.—Referred to the House Calendar and ordered to be printed.

Mr. GRAHAM of Illinois, from the Select Committee on Expenditures in the War Department, submitted the following

REPORT.

[Relative to United States General Hospital No. 21, at Aurora, Colo.]

Subcommittee No. 2, of the Select Committee on Expenditures in the War Department, requested subcommittee No. 1, of the same committee, to investigate certain complaints and matters relative to United States General Hospital No. 21, at Aurora, Colo. This investigation was conducted by Hon. Clarence F. Lea, of said subcommittee No. 1. The testimony taken by Mr. Lea will be found on pages 695 to 866, inclusive, of the records of the hearings of subcommittee No. 2. Mr. Lea has made his report to said subcommittee, which has been, by action of said subcommittee, adopted as its report, and submitted to the Select Committee on Expenditures. Said select committee nas, on motion, adopted said report as the report of said committee, and the same is now here presented to the House, and is as follows, to wit:

Hon. JOHN C. McKENZIE,
*Chairman Subcommittee No. 2—Camps,
Select Committee on Expenditures in the War Department,
House of Representatives.*

DEAR SIR: Pursuant to your request to investigate the general conditions and treatment and care of patients at the United States General Hospital No. 21, I submit the following report:

I visited said hospital at Aurora, near Denver, and conducted said investigation on the 25th and 26th days of September, 1919.

I visited different wards in the institution, the disciplinary barracks, the infirmary and kitchen, and had one meal at the general mess with the patients. I took the testimony of about 35 witnesses, as now embodied in the printed records of your hearings.

This hospital consists of 31 wards, conveniently arranged and well located over a liberal area.

It was specially designed to accommodate tubercular patients from the military service. Its construction was begun in 1918; its first patients were received on the 17th of October of that year. The hospital was not fully equipped during the severe part of the winter of 1918-19, and was not entirely completed until June, 1919 (pp. 779-783).

About 500 patients were accommodated before the 1st of January, 1919, and about 2,000 patients up to the 17th day of June, 1919 (p. 774).

Complaints charged that the quality of food provided for the patients was poor; frequently insufficiently cooked or overcooked; not properly seasoned; frequently served cold and in an uninviting way; the quantity was insufficient; that a low grade of milk was furnished; that the officers in authority arbitrarily refused the distribution of food from the outside to patients and that the dishes were not properly cleaned; that strait-jackets were used improperly; that patients were in some instances neglected; that the rules governing the inmates of the disciplinary barracks were unnecessarily severe; and that the management was unjust and illiberal in the granting of passes to patients.

THE FOOD.

Proper food materials were supplied to the institution. While the quality of food supplied the patients varied, it was generally unsatisfactory for six or eight months after the opening of the hospital. Frequently it was only partly cooked, and more commonly it was overcooked; not well seasoned; served in an uninviting way; and by the time it reached the patients was cold or nearly so (pp. 726-727).

The quantity of food supplied was sufficient.

These undesirable conditions of the food were primarily due to three reasons: First, indifferent and incompetent cooks; second, the method of serving; and, third, the lack of proper heating facilities and nonconducting food conveyors during the early months of the institution.

Cooks and kitchen and dining-room help were obtained from the ranks and were largely limited-service men (p. 781). Cooks were selected because of hotel or restaurant or ordinary experience. They were not qualified to provide the food required for sick men, particularly for the delicate appetites of tubercular patients.

There was a shortage of cooks and a pressing demand for their services outside of the Army at attractive salaries. Retention of these men in the hospital after the armistice and against their will, at the Army pay of cooks, created an indifferent and inefficient service, for which the patients in the institution suffered (pp. 728, 852, 783).

Patients who were able to do so took their meals at the general mess, which is centrally located. For many months the food for the whole meal was placed on the tables before the patients were admitted to the dining room. Frequently the food cooled off to such an extent as to largely lose its palatability before the patients reached the tables (pp. 697, 726, 794).

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The construction and equipment of the hospital was rushed to meet an emergency need. On account of inability to get proper equipment, a temporary heating system was improvised by the use of boilers from a sugar factory and conveying pipes temporarily laid (p. 794). The result was insufficient heating capacity for the severe winter and the steam tables located in the various wards over the hospital ground did not receive a temperature sufficient to warm up or retain the heat of food delivered to the infirmary or to patients who were unable to come to the general mess.

The institution was supplied with a large quantity of skimmed milk, a portion of which was given to the patients for drinking purposes, and, of course, it did not contain the palatable or nutritive qualities of whole milk which should have been supplied tubercular patients. The patients are now supplied whole milk for drinking purposes (pp. 804, 759).

Fortunately, these conditions were greatly improved prior to this investigation. A more satisfactory management of the kitchen had been provided and at the time the hearing was held provision had been made for the employment of civilian cooks.

The practice of placing food on the table before the patients entered the dining room was discontinued several months ago and a system substituted by which the patients eating at the general mess pass by a counter from which they are individually served directly from warm steam containers.

The improvised heating system was discarded in the latter part of the winter and a modern system installed with sufficient capacity to provide heated steam tables in every ward from which food is distributed directly to patients unable to visit the general mess (p. 795).

Food conveyors with nonconducting containers have been provided under which food is now distributed to remote sections of the hospital at a satisfactory temperature (pp. 795, 726).

Not infrequently food was served in dishes not well cleaned. There is no reason to doubt but that the dishes were properly sterilized, but the fact that at times traces of food from a former meal were found upon them, was naturally repulsive, particularly to persons of delicate stomachs.

Generally speaking, the same menu was provided for all of the ambulatory patients and individualization of diet was attempted, principally for patients in the more serious stages of the disease.

I am not unmindful of the whimsical character of the appetites of persons of ill health, particularly of tubercular patients, whose appetites are notoriously notional and whose systems are incapable of normal assimilation. I also take into consideration the normal differences as to likes and dislikes as to food and methods of service, and the utter impossibility of satisfying the appetites of 1,200 people in one hospital with food from any one kitchen. However, after discounting complaints by these considerations, as well as by any animus engendered by controversy, the evidence clearly shows that the patients were supplied with unpalatable and improperly cooked food, poorly served.

The objectionable character of the food was more than a mere violation of the taste of the patients. It substantially effected their comfort and the progress of their recovery. This and the querulous disposition of some of the patients tended to break down the morale of the institution.

Col. Harlow was at the head of the hospital from its initiation to the month of June, 1919.

While the cooks and the kitchen and dining room help were directly responsible for these shortcomings, Col. Harlow, who was in charge while these conditions prevailed, must be held as the one in responsible authority. I do not doubt the good motives or energetic interest of Col. Harlow. His previous history seemed to justify his appointment, but his lack of training and military hospital experience, made him unequal to the task of assembling a personnel able to cope with the trying conditions under which this institution was inaugurated and for which the ample and satisfactory equipment was not available. No one could have given fully satisfactory service during the early months of the institution, but doubtless a more experienced and diplomatic head could have given more satisfactory service. He should have been replaced at an earlier date.

USE OF STRAIT-JACKETS.

Particular complaint has been made against the use of strait-jackets at this institution. Hospital strait-jackets were used once on each of seven different men, nearly all of whom were tubercular patients.

This jacket is made of strong, heavy canvas, the main part of which is about 7 feet long and 4 feet wide, the sides and top of which are surrounded by metal eyes. On the inside of this main sheet is a bodice that laces close to the body from the waist up. Long pockets are provided on the inside of the sheet into which the arms are inserted and the removal of which by the patient becomes impossible when the jacket is drawn together by cords inserted in the metal eyes, connecting the sides of the bodice. The eyes in the main sheet furnish a method of attaching it to the sides of the bed, if desired (pp. 702, 789).

The strait-jacket was first used during the month of December, 1918, and last used on the 21st of February, 1919 (p. 772). An inspector from the War Department visited the hospital in the month of February, 1919, and his report led to an order by the Surgeon General prohibiting the use of the strait-jacket for punitive purposes.

The jacket was used on Parks, Bassett, Willings, Evanko, Morcetti, and two colored men, John Macon and Charles Wilson (p. 772).

In every instance the strait-jackets were authorized by Maj. William H. Bergtold, who was chief of the medical service of the hospital.

Maj. Bergtold had 35 years' experience as a practicing physician before volunteering for the military service, in which he was commissioned on the 30th of September, 1918. About 30 years of his life had been primarily devoted to the treatment of tubercular patients, at which work he has had marked success. He practiced for many years in the city of Denver. He had also had a wide experience in connection with civilian hospitals, but had no previous military experience (p. 773). His experience and standing as a physician entirely warranted his appointment. Volunteering his services to the Government was perhaps more or less of a personal sacrifice, and must be recognized as commendable.

Nevertheless, in my judgment, the evidence allows no escape from the conclusion that the use of the strait-jacket in most instances was unwarranted, as well as an undiplomatic handling of the situation involved.

Unquestionably the strait-jacket could have been legitimately used to prevent self-injury to an insane or deranged patient or to restrain any violent person, but in few, if any, instances was a feature of this kind involved. Its use was punitive.

Patients were released from the jacket for the purpose of eating or other necessary purposes (p. 703). As to whether or not any actual specific injuries resulted from the use of the jacket, the evidence is conflicting (pp. 701, 703, 704, 720, 723, 769, 763, 764, 777, 793). A fair inference from the testimony is that in at least one, and probably in one or two other instances, ill consequences did result from the use of the jacket.

The jacket was first used upon Evanko. Evanko brought whisky into the hospital, and it was claimed he was drunk. Being confined in the disciplinary barracks, he later refused to remain in bed as ordered according to the rules, and also persisted in talking in violation of the rules. Part of his troubles grew out of a claim that a pocketbook of another party, of which he gained possession on account of borrowing the other's clothes, was owned by himself (pp. 847, 849). He was not under the influence of liquor at the time he was placed in the jacket. His conduct was insubordinate. Evanko was suffering from tuberculosis. He did not sleep while wearing the jacket and was depressed and restless. He was sick following the removal of the strait-jacket (pp. 723, 788-789).

Parks, a tubercular patient, was placed in the strait-jacket on the 24th of January, 1919. This patient was five times confined in the disciplinary ward on charges of absence without leave. He left the hospital on the 11th of January and visited Denver. He remained without leave until the 21st of January. In the meantime he contracted the flu and returned to the hospital in a convalescent condition with a fever of 100.8. He used insulting and abusive language toward the officer in charge, as a result of which he was ordered into the strait-jacket, in which, excepting for minor interruptions, he was confined from 7.30 in the morning until 1 o'clock the next day. In the early morning of the following day, Parks had a hemorrhage, which he claims was followed by three other hemorrhages during the succeeding days. A claim was made that the hemorrhage was caused by a self-inflicted wound in the nose (pp. 799, 778). In my judgment, the fair conclusion from the testimony is that he suffered from pulmonary hemorrhages not superinduced (pp. 720-721). The clinical record of this patient fails to show a hemorrhage or any abnormal condition, indicating that confinement in the strait-jacket produced ill consequences (pp. 764-766, 777). This patient had previously suffered from a hemorrhage, but not subsequently to the time involved here. In view of the fact that hemorrhage may be induced by exertion, physical restraint, and nervous or mental agitation, it may fairly be concluded that the use of the jacket was a contributing cause to the hemorrhage.

In my judgment the use of the strait-jacket on Parks and Evanko was unwarranted. The conduct of each was provoking, but those fit to be in charge of public hospitals should have the magnanimity

and patience necessary to overlook the peevishness and unreasonable and insulting conduct of sick men. If additional punishment was necessary, some less distressing method should have been employed.

The others on whom strait-jackets were used suffered no ill consequences (pp. 771, 777). Macon had threatened an assault with a knife (pp. 800, 770-771, 792). Wilson was in a fight (p. 792). Willings and Bassett had committed only trivial offenses, which could have been adequately punished by confinement (pp. 722-723, 706-707).

NEGLECT.

Particular charges of neglect have been made in reference to a patient named Pinkham, whose chance of recovery was hopeless. The condition of this patient made him incapable of assimilating food in any satisfactory manner. His appetite was abnormal, his condition was irritating and distressing. He was finally furnished a special nurse, and while lacking the personal attention that a home or private institution might give, I do not feel the evidence warrants a condemnation of the hospital management on his account (pp. 862, 836, 754-762, 781).

DISTRIBUTION OF FOODS FROM OUTSIDE.

Complaints were made against the rule established by the hospital authorities which prohibited the bringing in and distribution of foods and delicacies from the outside without the consent of the hospital authorities. It must be conceded that such a rule is a proper one. Evidently one or more persons with good intentions thought the rule was arbitrarily applied. No specific evidence has been presented which adequately supports this charge.

DISCIPLINARY WARD.

Two rules governing patients in the disciplinary ward have been criticized. One rule prohibited persons confined therein from conversing with each other and the other required such persons to remain in bed, except for necessary purposes or with consent of the guards. In my judgment, these rules unnecessarily restricted the liberties of the patients. Strictness in enforcing these rules was abrogated several months prior to this investigation and patients in the disciplinary barracks are now permitted to talk to each other in moderate tones and are permitted to move about in the ward and are not confined to beds for punitive purposes.

A degree of enforced rest and silence was required of all the patients, whether in the disciplinary barracks or elsewhere. It is possible that the forced quietness and rest imposed upon patients in the disciplinary barracks on the whole more than compensated them for the extreme enforcement of the above-mentioned rules. Nevertheless, these rules were originally enforced in a punitive way and were unreasonable in extent and beyond what the welfare of the patients required.

Confinement in the disciplinary barracks was not in itself any particular hardship. The institution had no lock-up or padded cells or cages or in fact any room which in itself was sufficient to confine

a man therein if he desired to escape by force. The guards were unarmed and the same general arrangement for the accommodation of tubercular patients prevailed in the disciplinary wards as in other portions of the hospital. Outside of the confinement therein, the only other particular feature in the nature of punishment imposed in addition to those above mentioned was the denial of the use of tobacco.

The records of the institution show that the total number of persons confined in the disciplinary barracks since the establishment of the hospital up to the 25th of September, 1919, was 342. Quite a number of the persons committed to the disciplinary wards were sent there for therapeutic reasons and not for punitive purposes.

Some men sent to the barracks repeated their offenses a number of times; in some instances as many as five times.

The maximum sentences imposed were 90 days with one-third off for good behavior.

Forty-eight was the largest number of persons confined in the barracks at one time.

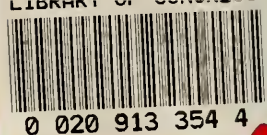
The sentences imposed, though sometimes for trivial reasons, do not appear to have been unreasonably severe.

PASSES.

Refusal of passes was the source of more or less dissatisfaction among the patients. The granting of passes caused more or less trouble to the hospital management and not infrequently ill consequences to the patients, who failed to take proper care of themselves during their absence. The agitation of the question of passes among the patients promoted something of rebellious spirit. The matter was a source of irritation among the patients in the institution, rather than of substantial importance in itself.

In the case of one Pucka, a more or less arbitrary attitude was assumed by some subordinate officers of the institution, that showed a lack of alertness and indifference in the treatment of an inmate that was at least inconsiderate if not an abuse of power. Pucka had committed a trivial offense on account of which he was delayed in securing a pass to meet his mother at the train, who was coming to see him from a distance of 600 or 700 miles. Upon his return, he was sent to the disciplinary barracks as a punishment for the offense committed several days before. Upon the appearance of his mother next day, she was for some time denied the privilege of seeing him and was later permitted to see him only for a brief period. This barrier was removed during the succeeding days, however. Finally, on receiving a telegram that his father was seriously injured, the truthfulness of the message was distrusted and a delay of 12 hours occurred before the son was permitted to leave the institution for home. For that reason he was unable to accompany his mother in the time of her distress, the father having died before the mother and son arrived.

Prior to the present management, which took hold of this institution in June, its affairs were entirely in charge of those engaged in civilian employment until after America entered the war. The control of the patients was in the hands of those unused to the power that military authority gives.



This hospital under its present management has been investigated by representatives of both the Loyal Legion and the Masons. Their reports have been favorable (pp. 845, 850, 861).

What has been said herein must not be accepted as a wholesale condemnation of General Hospital No. 21. Notwithstanding these criticisms, on the whole it has performed a splendid work and has restored many soldiers to health and helped many others. Matters here criticized hampered the success of its work, but did not defeat the main purpose of the institution. The most serious faults of the institution were confined to its earlier months. The managerial personnel was changed some months ago.

Since that time Col. Howard H. Johnson has been in charge. He had a wide and useful experience at military hospitals before and during the war.

Some time ago he established a practice at the institution of inviting complaints and suggestions from any patients about hospital matters. His disposition to meet with and consider the needs of the patients has greatly improved the morale of the institution and is an example worthy of emulation by military men in similar authority.

This institution necessarily began its work with an inexperienced and more or less incompetent personnel. Conditions have greatly improved (pp. 698, 713, 728, 729, 767, 785, 795-797, 814, 816, 823, 829, 833, 835, 837, 843, 845, 849, 850, 851-853).

Labor troubles and unavoidable delays in securing proper equipment for the institution materially contributed to the difficulties with which the management has had to contend from the beginning.

The mistakes made in the management of this institution are regrettable, but at the present there is every reason to expect good service and good results.

CLARENCE F. LEA.



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